



# Eastern Health Memo

**To:** Dr. Oscar Howell  
**From:** Dr. Robert Williams  
**Date:** September 29, 2006  
**Re:** Medical Staff Bylaws

---

Oscar,

I have attached the first draft of the Medical Staff Bylaws blending the draft from the Health Boards Association with the previous bylaws of the organizations now forming Eastern Health. This was tempered by the consultation process that was held within Eastern Health.

I have made available two folders with a lot of data and prior work including the consultation process with the MAC's of Avaion, Burin, Clarendville/Bonavista, Health Care Corporation of St. John's and Long-Term Care, St. John's.

There is some work to do, but I feel the bulk has now been done and most of the rest requires a discussion at the October 18, 2006, meeting of Medical Directors. There are three items which need discussion. These are:

1. Approval to Joint Conference Committee (this will also need to be discussed with Mr. Tilley)
2. Appeal process of discipline or credentialing results affecting medical staff members. I have some views on this, and we can discuss on my return in November.
3. Section on conflict of interest needs to be drafted. There is a reference in the bylaws of the Health Care Corporation of St. John's, however, there needs to be a common provincial approach.

The Rules and Regulations section needs to be added, but this can be done once there is agreement on the bylaws.

The Appendix B dealing with standing committees and terms of reference can be finalized by asking the chairs of these committees to draft regional terms of reference, as the Transfusion Committee has done.

As these will be Board bylaws, this requires medical staff approval first. You will need to set up the committee structure referenced in our consultation document of last year to review and fine tune these before they go forward. I can help in carrying this out when I return in November, if you and Mr. Tilley agree.

Finally, there are a few areas in this draft where clarification of sections is required. I have highlighted these in the draft document.

Best of luck.

---

c Mr. George Tilley

*Revised by Dr. Bob Williams*

*September, 2006*

## MODEL MEDICAL STAFF BYLAWS

### PART I

#### 1. Title

These are the Medical Staff Bylaws for the Eastern Regional Integrated Health Authority.

#### 2. Purpose

(1) These medical staff bylaws are developed and enacted in order to:

- (a) provide an administrative structure for the governance of the medical staff affairs within the regional health authority;
- (b) promote the provision of quality health services;
- (c) govern the procedures for the appointment, reappointment, suspension and termination of appointment of physicians to the medical staff;
- (d) govern the procedures for the discipline of members of the medical staff;
- (e) provide a means of granting of privileges to members of the medical staff, including the amendment, suspension or revocation thereof;
- (f) provide a means of effective and efficient communication between the medical staff, the regional health authority, and management within the health region; and
- (g) provide for medical staff input into policy, planning and budget decisions of the regional health authority.

(2) These medical staff bylaws apply to the members of the medical staff appointed pursuant to these bylaws.

### 3. Definitions

In these medical staff bylaws, the following definitions apply:

- (a) "Board" means those persons appointed as members of the Board of the regional health authority by the Lieutenant Governor in Council pursuant to section 8 of the *Regional Health Authorities Act*;
- (b) "Chief Executive Officer" means the person employed by the regional health authority as Chief Executive Officer within the meaning of section 14 of the *Regional Health Authorities Act*, responsible to the regional health authority for the general conduct and management of the affairs and activities provided by the regional health authority at its facilities or delivered through its programs and services;
- (c) "College" means the College of Physicians and Surgeons of Newfoundland and Labrador;
- (d) "health region" means the Eastern Health region established pursuant to section 6 of the *Regional Health Authorities Act*;
- (e) "impact analysis" means a study conducted by the Vice President, Medical Services, or designate, in consultation with the department, program or section head to determine the impact upon the resources of the regional health authority of a proposed appointment of any person to the medical staff;
- (f) "medical staff" means those physicians who have been appointed as members of the medical staff by the Chief Executive Officer;
- (g) "physician" means a physician who is entitled to practice medicine pursuant to the *Medical Act, 2005*;
- (h) "dentist" means a graduate of an approved dental school, licensed to practice in the province of Newfoundland under the Dental Act;
- (i) "non-medical scientist" means a doctoral graduate in science of an approved university;
- (j) "chiropractor" means a graduate of an approved chiropractic school, licensed to practice in the province of Newfoundland and Labrador.
- (k) "policies and procedures" means those policies and procedures that have been enacted by an officer of the regional health authority with the authority to enact policies and procedures for the regional health authority;

- (l) "privileges" means the authority granted by the Chief Executive Officer in accordance with these bylaws to a physician to admit, register, diagnose, treat or discharge patient/client/residents in respect of a facility, program or service operated or delivered by the regional health authority;
- (m) "regional health authority" means the Eastern Regional Integrated Health Authority established pursuant to section 6 of the *Regional Health Authorities Act*;
- (n) "rules and regulations" means those rules and regulations governing the medical staff in the health region and in a particular department, program or section, which have been established by the medical staff and approved by the Chief Executive Officer on the recommendations of the Medical Advisory Committee;
- (o) "Vice President, Medical Services," means the physician appointed as Vice President, Medical Services, pursuant to these bylaws.
- (p) "Credentials Committee" means that committee appointed by each Local Area Medical Advisory Committee to review appointments and re-appointments to the medical staff of Eastern Health and make recommendations to the appropriate Local Area Medical Advisory Committee.

The composition and terms of reference are attached as Appendix A.

## PART II

### ORGANIZATION OF THE MEDICAL STAFF

#### 4. Responsibilities of the Regional Health Authority

(1) The Board is responsible for the management and affairs of the regional health authority.

(2) The Board may make by-laws respecting medical staff of the authority, including by-laws respecting

- (a) the granting, variation, suspension and revocation of medical staff privileges;
- (b) categories of medical staff privileges;
- (c) the membership of a medical advisory committee;
- (d) the duties and functions of senior medical officers of the authority; and
- (e) rules and regulations governing medical staff.

(3) The Minister of Health and Community Services has directed that medical staff by-laws shall provide standards to be applied in all health regions relating to quality in the following areas:

- Types of privileges
- Appointments
- Credentialing process
- Discipline, and
- Appeals.

#### 5. Responsibilities of the Chief Executive Officer and Vice President , Medical Services

The regional health authority, through its Chief Executive Officer and Vice President, Medical Services, shall be responsible:

- (a) to ensure the delivery of medical services within the health region, consistent with the strategic plan and mission of the regional health authority, applicable legislation and these bylaws;
- (b) for the organization of the medical staff into such departments, program and sections as are warranted from time to time and as outlined in these medical staff bylaws. In so doing, the Vice President, Medical Services, shall establish

an organizational structure to implement and fulfill the strategic plan and mission of the regional health authority, including but not limited to:

- (i) ensuring the appointment of department, program and section heads by the Vice President, Medical Services, as required; and
- (ii) establishment of a medical advisory committee structure for Eastern Health.

## **6. Vice President, Medical Services, Appointment**

(1) The Chief Executive Officer shall appoint a vice president responsible for medical services.

## **7. Responsibilities of the Vice President, Medical Services**

The Vice President, Medical Services, shall be accountable to the Chief Executive Officer with respect to all matters regarding the management and organization of medical staff affairs under the jurisdiction of the regional health authority, including the establishment of an organizational structure that supports the achievement of health outcomes, and ensures the delivery of medical services within the health region, consistent with the strategic plan and mission of the regional health authority. The roles and responsibilities of the Vice President, Medical Services, shall be set out more fully in the policies of the regional health authority. These roles and responsibilities include, but are not limited to:

(a) with respect to corporate management:

- (i) full membership on the senior management team of the regional health authority, participating in all management discussions and decisions including, but not limited to discussions and decisions regarding strategic planning, financial and program planning, human resources planning, the development, implementation and evaluation of patient/client/resident care programs and services, and resource allocation;

(b) with respect to medical staff administration:

- (i) developing, maintaining and updating medical staff rules and regulations and policies and procedures pertaining to medical services provided within the facilities, programs and services operated by the regional health authority;

- (ii) providing leadership and direction on matters pertaining to clinical organization, medical technology and other relevant medical staff administrative matters;
  - (iii) participating in any regional health authority committees, as required; and
  - (iv) providing leadership and direction to the department, program and section/services heads, other medical staff leaders, and the medical advisory committees and all its standing and ad hoc committees, so as to integrate the activities of the various departments, programs and committees with each other and with the goals of the regional health authority.
- (c) with respect to the appointment, privileging and discipline, including reappointment, termination, suspension and amendment thereof, of the medical staff:
  - (i) ensuring that appropriate medical staff appointment, privileging, reappointment and discipline processes are in place and consistent with applicable law and legislation and with these bylaws.
- (d) with respect to the provision of the quality of medical care:
  - (i) developing, establishing and maintaining quality assurance, quality improvement, risk management and utilization activities within the health region in compliance with all applicable legislation, bylaws, rules and regulations, and policies and procedures of the regional health authority; and
  - (ii) collaborating with members of the medical staff and other staff to ensure that patient/client/resident concerns regarding the quality of medical care are resolved in a timely manner.
- (e) with respect to medical staff resource planning:
  - (i) submitting annually a regional medical staff human resource plan to the Chief Executive Officer and the regional health authority that addresses the needs of the health region; and
  - (ii) providing leadership and direction on matters pertaining to physician compensation, recruitment, orientation and retention.
- (f) With respect to regional medical needs assessment:
  - (i) conduct an annual medical needs assessment for the region;

- (ii) make recommendations as required based on the annual medical needs assessment.
- (g) with respect to the professional and ethical conduct of the medical staff:
  - (i) encouraging, promoting and fostering the professional and ethical conduct of medical staff in relation to their practice, teaching, research and interactions with others; and
  - (ii) addressing concerns arising from the professional and ethical conduct of medical staff.
- (h) with respect to continuing medical staff education:
  - (i) encouraging, promoting and fostering participation in continuing medical staff education on an ongoing basis; and
  - (ii) assisting in identifying and addressing the management and leadership needs of physicians within the health region.
- (h) with respect to provincial medical services issues:
  - (i) co-operating and co-ordinating with other vice presidents of medical services in the province.
- (j) with respect to teaching and research:
  - (i) encouraging, promoting and fostering teaching and research within the health region; and
  - (ii) ensuring that appropriate processes and protocols are in place for the consideration and approval of research proposals.

## **Clinical Organization**

### **8. Clinical Programs**

The following are the programs within the Eastern Health:

- (a) Cancer Care;
- (b) Cardiac/Critical Care;
- (c) Children's/Women's Health;
- (c) Diagnostic Imaging;
- (d) Emergency/Ambulatory Care;

- (e) Laboratory Medicine;
- (f) Medicine;
- (g) Mental Health;
- (h) Perioperative;
- (i) Rehabilitation/Continuing Care/Dr. Walter Templeman Health Centre;
- (j) Surgery
- (k) Long-Term Care - St. John's
- (l) Medical Care Program – Avalon
- (m) Medical Care Program – Burin Peninsula
- (n) Medical Care Program – Clarenville / Bonavista

### **Divisions**

The Chief Executive Officer, after considering the recommendation of the Local Area Medical Advisory Committee, following the recommendation of the Clinical Chief, may establish Divisions/Departments within a Program.

### **Program/Division**

Each Program/Division/Department shall have a Clinical Chief/Divisional/Departmental Chief who is named through a selection process initiated by the Chief Executive Officer, approved by the Medical Advisory Committee, and appointed by the Chief Executive Officer.

The Medical Staff members of each program shall meet on a regular basis at least eight times per year.

Medical Staff members and Divisional/Departmental Chiefs of each Program shall be responsible to the Clinical Chief and members of a Division/Department responsible to the Chief of the Division/Department.

Attendance at regular Program meetings shall not release the members from their obligation to attend the general meetings of the Medical Staff.

### **9. Program Clinical Chief**

The Program Clinical Chief is jointly accountable with the Program Director or Chief Operating Officer, as appropriate, for the effective and efficient operation of the Program. The Clinical Chief shall be responsible through the Local Area Medical Advisory Committee for the quality of medical services delivered and for the promotion of an interdisciplinary approach in the delivery of patient care. The Program Clinical Chief is also responsible to work with the University Chair of the aligned discipline in accomplishing Eastern Health's mandate and provide medical education and research. Depending on the size of the program, the Program Clinical Chief may also be assigned direct responsibility for Program Divisions/Departments. Clinical Chiefs' appointments will normally be for a three-year term.

Accountabilities for Program Clinical Chiefs

The Program Clinical Chief will:

- (a) convene and chair regularly scheduled meetings of the Program;
- (b) ensure appropriate supervision of the professional care provided by members of the medical staff in the program or assign an active staff member to supervise the practice of medicine or dentistry of other members of the program for any period of time;
- (c) review the privileges granted to members of the medical staff in the program and to make recommendations for changes in the kind and definition of such privileges to the Credentials Committee, as applicable, and the Local Area Medical Advisory Committee;
- (d) make written recommendation to the Credentials Committee and Local Area Medical Advisory Committee respecting matters concerning members of the medical staff in his/her program or where there are applicants for a position on the medical staff within the programs;
- (e) either carry out or receive and review (from Divisional/Departmental Chiefs) annual performance evaluations and recommendations concerning physicians within their programs ensuring that the evaluation and recommendations are forwarded when appropriate to the Credentials Committee in the month designated for their respective program;
- (f) ensure appropriate orientation of new members of the Medical Staff in the program;
- (g) notify the Vice President, Medical Services, of his or her absence, and designate an alternate, who shall be responsible for the conduct of affairs in the case of such absence;
- (h) be responsible to the Chief Executive Officer with the vice president responsible for medical services for the Medical Staff conformity to the By-laws.

Quality Initiatives:

- (a) ensure the development and maintenance of quality patient focused care;
- (b) ensure the development and evaluation of standards of care as well as outcomes;

- (c) ensure the provision of quality services through a process of continuous quality improvement;
- (d) support the creation of working environment which facilitates the involvement of students, all levels of staff, including physicians, dentists and residents as well as input from consumers of the Program;
- (e) represent the program to patients and families receiving feedback related to patient care, particularly as it applies to medical issues;
- (f) liaise with Discipline Chairs, other Clinical Chiefs and the Regional and Local Area Medical Advisory Committees to ensure achievement of clinical excellence.

Resource Management - Financial:

- (a) ensure the effective and efficient use of resources particularly as it relates to the medical staff;
- (b) develop, with the other members of the Program Leadership team and Divisional Chiefs and Managers, an annual operating and capital budget and participate in the monitoring of the Program's fiscal performance;
- (c) coordinate a medical human resource plan for the Program with the University Chairs, as appropriate, and in consultation with the vice president responsible for medical services;
- (d) recruit medical staff members in collaboration with the University Chairs, as appropriate, and in consultation with the Vice President, Medical Services;
- (e) advocates for an interdisciplinary approach to care delivery.

Planning:

- (a) develop objectives and strategies for the Program which focus patient outcomes, are consistent with the overall Mission, Values, Vision and Corporate Strategic Directions of the Eastern Health, and are supportive of and integrated with the key directions of other programs and services;
- (b) participate in the implementation and evaluation of approved Program Key Directions and Objectives.

Liaison:

- (a) ensure the maintenance of a comprehensive consultation network within the program which supports interdisciplinary collaboration and decision-making;
- (b) ensure liaison among all programs, particularly those programs with which it has strong linkages;
- (c) liaise with the University Chairs and the vice president responsible for medical services, with respect to medical resource issues;
- (d) participate in appropriate medical staff activities associated with the local Medical Staff Organization;
- (e) liaise with the appropriate University Chairs for issues related to recruitment, education and research;
- (f) liaise with appropriate external providers involved in the continuum of patient care;
- (g) maintain an active involvement in committees of the Eastern Health.

Education:

The Clinical Chief, in collaboration with the University Chairs, will support and promote:

- (a) the undergraduate and postgraduate medical educational programs;
- (b) the educational programs offered by the Eastern Health for other allied health professionals in collaboration with Memorial University of Newfoundland and other agencies.

Research:

The University Chair has primary responsibility for research. The Clinical Chief will liaise with the University Chair and Divisional/Departmental Chiefs and Managers to ensure that clinical research meets the needs of the Eastern Health, this includes:

- (a) the promotion of facilitation of research;
- (b) the promotion of evidence-based practice;

- (c) the promotion of research into the delivery of health care.

The Clinical Chief is primarily responsible for activities that monitor the delivery of care by the Program and the ongoing evaluation of quality of medical care.

#### Divisional Chief

Divisional/Departmental Chiefs shall be appointed by the Chief Executive Officer following consultation with the Regional and Local Area Medical Advisory Committees and following nomination by the Clinical Chief of the Program concerned. They shall be responsible to the Clinical Chief and have such duties as assigned.

These duties may include:

- (a) divisional/departmental leadership and overall supervision of clinical care, both inpatient and ambulatory, given by members of the Division/Department;
- (b) the convening and chairing of divisional/departmental meetings with minimum of five meetings to be held in each calendar year. The agenda of these meetings should include a review of clinical affairs within the Division/Department, the liaison with other professional groups such as nursing, social services and physiotherapy and liaison with the Program Leadership Team;
- (c) coordination of undergraduate and postgraduate teaching within the Division/Department, in liaison with individual program directors as appropriate;
- (d) the promotion of clinical research within the Division/Department.

Divisional/Departmental Chiefs shall be responsible to the Clinical Chief of the Program concerned. Divisional/Departmental Chiefs may be reappointed after appropriate review and at appropriate intervals not exceeding three years.

#### **10. Establishment of the Medical Advisory Committee**

The Chief Executive Officer and Vice President, Medical Services, shall establish a regional and local area medical advisory committee structure.

#### **11. Responsibilities of the Regional Medical Advisory Committee**

(1) The Regional Medical Advisory Committee shall:

- (a) assist the Vice President, Medical Services, with the effective organization, management and functioning of the medical staff;

- (b) in conjunction with the Vice President, Medical Services, develop rules and regulations and policies and procedures relating to medical staff affairs; and
- (c) make recommendations to the Vice President, Medical Services, in accordance with and as required by these bylaws.

(2) The responsibilities of the Regional Medical Advisory Committee include, but are not limited to, providing policy advice and recommendations to the Vice President, Medical Services, with a view to integrating and coordinating activities in a consistent manner throughout the health region on matters:

(a) with respect to medical staff administration:

- (i) providing advice and recommendations to the Vice President, Medical Services, on the development, maintenance and updating of medical staff policies and procedures pertaining to medical care provided within facilities, programs and services operated by the regional health authority;
- (ii) providing advice and recommendations to the Vice President, Medical Services, on matters pertaining to clinical organization, medical technology and other relevant medical administrative matters; and
- (iii) providing advice and recommendations to the Vice President, Medical Services, on matters pertaining to strategic planning, financial and program planning, the development, implementation and evaluation of patient/client/resident care programs and services and resource allocation.

(b) with respect to the provision of the quality of medical care:

- (i) receiving, reviewing and making recommendations to the Vice President, Medical Services, on reports from quality review bodies and committees;
- (ii) making recommendations to the Vice President, Medical Services, concerning the establishment and maintenance of professional standards in facilities, programs and services operated by the regional health authority in compliance with all applicable legislation, bylaws, rules and regulations and policies and procedures of the regional health authority; and
- (iii) reporting and making recommendations to the Vice President, Medical Services, on the quality, effectiveness and availability of medical

services provided in facilities, programs and services operated by the regional health authority.

(c) with respect to medical human resource planning:

(i) making recommendations to the Vice President, Medical Services, regarding medical human resources required to meet the health needs of the population served by the regional health authority.

(d) with respect to the process for appointment, re-appointment, termination, suspension, discipline and privileging of medical staff make recommendations to the Vice President, Medical Services, as required by these bylaws.

## **12. Regional Medical Advisory Committee Composition**

(1) The Regional Medical Advisory Committee should be established and will be composed of the following 25 persons:

(a) Chairs of Local Area Medical Advisory Committees or designates/representatives (4)

(b) Vice President, Medical Services, (1) – ex-officio

(c) Chief Operating Officers (6) – ex-officio

(d) Medical School representative (1)

(e) Medical staff organization representatives (4)

(f) Chief Executive Officer (1) – ex-officio

(g) Medical Officer of Health (1)

(h) Clinical Chiefs (4)

- Long-Term Care
- Acute Care
- Mental Health
- Cancer Care

(i) Director of Medical Services (1) – ex-officio

(j) Clinical Chief, Research (1)

(k) Independent Chair (1)

The Chair of the Regional Medical Advisory Committee shall be appointed by the Chief Executive Officer. The appointment shall be for a two-year term, agreed for a second term by members.

The Chief Executive Officer may at any time revoke or suspend the Chairperson of the Regional Medical Advisory Committee and appoint an acting Chairperson until a replacement is found in accordance with this section or until the suspension is lifted, as the case may be.

The Vice-Chairperson of the Regional Medical Advisory Committee shall be appointed from among their number by the voting members of the Regional Medical Advisory Committee for a one-year term. In the absence of the Chairperson, he or she will assume all of the Chairperson's duties and shall have all of his or her authority.

(4) The chair of the Medical Advisory Committee shall:

- (a) preside at all meetings of the Medical Advisory Committee;
- (b) give such notice, as required in these bylaws, of all meetings of the Medical Advisory Committee;
- (c) in consultation with the Vice President, Medical Services, develop the agenda for Medical Advisory Committee meetings;
- (d) maintain the minutes of all meetings of the Medical Advisory Committee;
- (e) maintain an attendance record of those attending all meetings of the Medical Advisory Committee; and
- (f) perform such other duties as ordinarily pertain to this office and as the regional health authority may from time to time direct.

(5) The vice-chair of the Medical Advisory Committee shall have all the powers and perform all the duties of the chair in the absence of the chair, together with such other duties as are usually incidental to such a position or as may be assigned by the regional health authority from time to time.

### **13. Standing and Ad Hoc Committees of the Regional Medical Advisory Committee**

The Regional Medical Advisory Committee shall appoint Standing Committees, whose function shall be to advise and assist the Regional Medical Advisory Committee in carrying out its responsibility for maintenance of quality initiatives programs and the efficient utilization of resources. These Standing Committees shall meet regularly and shall report to the Regional Medical Advisory Committee. All Standing Committees are hereby designated as quality initiatives committees, as such may from time to time be

contemplated by Section 6.1 (2) of the Evidence Act (Newfoundland). The terms of reference of the Standing Committees are outlined in Appendix B.

With the exception of the Joint Conference Committee, the Chairperson and members of the Standing Committees shall be appointed annually by the Regional Medical Advisory Committee.

A Medical Staff Committee Chairperson:

- (a) shall be a member of the Active Medical Staff;
- (b) shall call meetings of the Medical Staff Committee;
- (c) at the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of the Committee;
- (d) may request meetings with the Medical Advisory Committee.

Where appropriate, members of other disciplines may be appointed to a Standing Committee by the Regional Medical Advisory Committee.

**14. Local Medical Advisory Committees**

The C.E.O. in consultation with the vice president responsible for medical services should provide for the establishment of Local Area Medical Advisory Committees in each of the following areas:

- 1) St. John's
- 2) Burin Peninsula
- 3) Clarenville / Bonavista
- 4) Rural Avalon

These Local Area Medical Advisory Committees shall meet 10 times per year. The chair of each of these committees will be appointed by the C.E.O. in consultation with the vice president responsible for medical services. Appointments will be for a two-year period with renewal for a further two-year period if mutually agreeable. The Vice Chair will be elected from the other members of each Local Area Medical Advisory Committee on an annual basis.

The roles of the Local Area Medical Advisory Committee are:

- 1) Work with the Regional Medical Advisory Committee to promote quality medical care in their area of responsibility.
- 2) Advise the relevant Chief Operating Officer(s) on matters related to medical care and other issues as appropriate.
- 3) Serve as a forum for discussion and, if necessary, decision making among the various elements of these medical staff.
- 4) To consider, act on, or refer to the Regional Medical Advisory Committee items which are submitted by the Chief Operating Officers.

- 5) To review credentials and make recommendations initially and then at appropriate intervals to the C.E.O. or designate on the appointment, category of appointment (assignment of Programs) granting of privileges, reappointment, promotion and retirement of each medical staff member in keeping with policies as developed by Eastern Health.

The membership of each Local Area Medical Advisory Committee is outlined in Appendix C.

Special committees shall be appointed by the Regional Medical Advisory Committee or the Local Area Medical Advisory Committee s from time to time as may be required to perform specific functions. Such committees shall confine their work to the purpose for which they were appointed and shall report in writing to the Medical Advisory Committee.

Any special committees of the Medical Advisory Committees and other administrative or other committees or panels within the Eastern Health which in the opinion of the Medical Advisory Committees or the C.E.O. perform in whole or in part and from time to time functions relating to quality initiatives and/or peer review within the Eastern Health be designated by the Medical Advisory Committees or by the C.E.O. to be a quality assurance and/or peer review committee as such may from time to time be contemplated by Section 6.1(2) of the Evidence Act (Newfoundland) as amended.

Additional committees of an administrative nature may be appointed from time to time to assist the medical administration of the Eastern Health. Such committees shall report in writing to the appropriate Medical Advisory Committee.

#### **15. Medical Advisory Committee/Department/Medical Staff/ Meetings**

- (1) The Regional Medical Advisory Committee shall hold not less than 5 meetings in each fiscal year at the call of the chair and/or the Vice President, Medical Services.
- (2) In addition to the meetings described in subsection 15(1), four additional meetings of the medical staff, chaired by the Vice President, Medical Services, may be held in each fiscal year to discuss issues related to medical staff management, organization and other related matters.
- (3) The conduct of Medical Advisory Committee meetings, department, program or section/services meetings, and general meetings of the medical staff, as well as questions of procedure at both regular and special meetings of such bodies, shall be determined in accordance with the rules and regulations or policies and procedures, as established from time to time.

### PART III

#### MEDICAL STAFF CATEGORIES

##### 16. Medical Staff Categories

(1) The medical staff shall be organized into the following groups:

- (a) associate;
- (b) active;
- (c) limited;
- (d) assistant;
- (e) visiting;
- (f) temporary;
- (g) resident;
- (h) training fellow
- (i) honorary
- (j) consulting
- (k) chiropractor
- (l) non-medical scientist

##### 17. Associate Medical Staff

(1) The associate medical staff shall consist of those physicians who apply for an initial appointment to the active, limited or assistant medical staff, and who are appointed by the Chief Executive Officer in consultation with the Vice President, Medical Services, to the associate medical staff. Appointment to the associate medical staff shall be considered a probationary appointment during which time the Medical Advisory Committee and the appropriate department head shall evaluate the member.

(2) Each associate medical staff member shall have such privileges that are appropriate to the active, limited or assistant medical staff category to which they applied, unless otherwise specified in the appointment. These privileges shall be outlined in the letter of appointment by the Chief Executive Officer.

(3) Subject to subsections (4) and (5), an associate medical staff member shall work for a twelve month probationary period under the mentorship or supervision of an active medical staff assigned by the Vice President, Medical Services, pursuant to the recommendation of the department, program or section/services head to whom the associate medical staff member has been assigned.

(4) In exceptional circumstances, the Vice President, Medical Services, may recommend to the Chief Executive Officer waiver or reduction of the twelve-month probationary period, and the Chief Executive Officer may waive or reduce the probationary period. If the Chief Executive Officer agrees with the recommendation, the Chief Executive Officer

may grant an appointment for the balance of the term to the category of medical staff to which the physician initially applied.

(5) At the end of the twelve-month appointment, and subject to the provisions of these bylaws respecting reappointment, the Credentials Committee shall review the performance of the Associate Medical Staff member and make a recommendation to the Local Area Medical Advisory Committee who in turn shall recommend to Vice President, Medical Services, and the Chief Executive Officer.

(a) the appointment of the physician to the active, limited or assistant medical staff, as the case may be; or

(b) the physician be subject to a further probationary period by reappointment to the associate medical staff for a further period not exceeding twelve months.

(6) No associate medical staff shall be appointed to the associate medical staff for more than twenty-four consecutive months.

(7) Associate medical staff or the department head may request the Vice President, Medical Services, to assign a different mentor or supervisor at any time during the physician's appointment to the associate medical staff.

(8) At any time, the Local Area Medical Advisory Committee may recommend to the Vice President, Medical Services, that the appointment of a physician to the associate medical staff be terminated. If the Local Area Medical Advisory Committee recommends termination, the Medical Advisory Committee shall prepare written reasons with respect to its recommendation and the process described in sections \_\_\_ inclusive, with any necessary modification, shall be followed. **\*(needs follow up)**

(9) At any time, the Local Area Medical Advisory Committee may recommend to the Vice President, Medical Services, that the privileges outlined in subsection (2) may be changed or modified.

(10) Associate medical staff may have such membership and voting rights, and be subject to such duties and obligations commensurate with the active, limited or assistant medical staff category to which they are appointed.

## **18. Active Medical Staff**

(1) The active medical staff shall consist of those physicians who have been appointed as active medical staff by the Chief Executive Officer in consultation with the Vice President, Medical Services.

(2) Except where approved by the Chief Executive Officer, no physician with an active medical staff appointment with another regional health authority shall be appointed to the active medical staff.

(3) Every physician applying for an initial appointment to the active medical staff will be appointed to the associate medical staff for a probationary period unless the Chief Executive Officer directs otherwise.

(4) All active medical staff shall have admitting privileges to regional health authority facilities, which shall be outlined in the letters of appointment, unless otherwise specified in their appointment to the medical staff.

(5) Active medical staff shall:

- (a) ensure that care is provided to his or her patient/client/residents in regional health authority facilities, programs and services, and, as required, ensure arrangements are in place for the ongoing care of his or her patient/client/residents by another member of the medical staff with the appropriate privileges when he or she is unable to attend to his or her patient/client/residents;
- (b) attend patient/client/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
- (c) undertake such duties respecting patient/client/resident care as may be reasonably assigned by the Vice President, Medical Services, in circumstances where additional medical human resources are required;
- (d) act as a mentor or supervisor of a member of the associate medical staff as mutually agreed upon by the associate medical staff, the active staff, the Vice President, Medical Services, and the department, program and section/services head;
- (e) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Active medical staff may refer any of his or her patient/client/residents to services and programs provided by the regional health authority consistent with any rules and regulations, privileges and policies and procedures established for the referral to those programs and services.

(7) Active medical staff may be a member or the chairperson of any committee of the medical staff and vote at meetings of the medical staff or at any committee on which they hold membership.

#### 19. Limited Medical Staff

(1) The limited medical staff shall consist of those physicians who have been appointed as limited medical staff by the Chief Executive Officer in consultation with the Vice President, Medical Services. The appropriate range of privileges shall be outlined in the letter of appointment.

(2) The Chief Executive Officer may appoint a physician to the limited medical staff if:

- (a) the applicant has patient/client/residents within the health region;
- (b) the applicant has demonstrated a need to access regional health authority programs and services such as diagnostic imaging, laboratory, rehabilitation, health promotion and education and home care to serve the needs of his or her patient/client/residents residing within the health region.

(3) Every physician applying for an initial appointment to the limited medical staff will be appointed to the associate medical staff for a probationary period unless the Chief Executive Officer directs otherwise.

(4) Limited medical staff shall:

- (a) ensure that when care is required for his or her patient/client/residents in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patient/client/residents by another member of the medical staff with the commensurate privileges when he or she is unable to attend patient/client/residents;
  - (b) abide by applicable legislation, bylaws, rules and regulations and policies and procedures; and
  - (c) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority.
- (5) Limited medical staff may be a member or the chairperson of any committee of the medical staff and vote at meetings of the medical staff or at any committee on which they hold membership.

#### 20. Assistant Medical Staff

(1) The assistant medical staff shall consist of those physicians who have been appointed to the assistant medical staff by the Chief Executive Officer in consultation with the Vice President, Medical Services.

(2) The Chief Executive Officer in consultation with the Vice President, Medical Services, may appoint a physician to the assistant medical staff if the applicant is to provide specific services within a department, program or section/service.

- (3) Assistant medical staff shall not have admitting privileges.
- (4) Every physician applying for an initial appointment to the assistant medical staff will be appointed to the associate medical staff for a probationary period unless the Chief Executive Officer directs otherwise.
- (5) Assistant medical staff shall:
  - (a) attend patient/client/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer;
  - (b) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and
  - (c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.
- (6) Assistant medical staff may be a member of any committee of the medical staff but shall not be entitled to hold any office or be a voting member on any committees on which they hold membership.

## **21. Temporary Medical Staff**

- (1) The temporary medical staff shall consist of those physicians who have been appointed to the temporary medical staff by the Chief Executive Officer in consultation with the Vice President, Medical Services.
- (2) The Chief Executive Officer in consultation with the Vice President, Medical Services, may appoint a physician to the temporary medical staff with such privileges as it deems appropriate, where the appointment is:
  - (a) for a defined period of time of less than 6 months and for a specific purpose; or
  - (b) to provide temporary replacement or support for a member of the active or limited medical staff.
- (3) The privileges which may be granted to a member of the temporary staff pursuant to subsection (1) or (2) include the privilege to attend, admit patient/client/residents or perform surgical or other operative procedures in a hospital(s) or health centre(s).
- (4) Privileges granted to a member of the temporary medical staff will be sent to the Credentials Committee and the Local Area Medical Advisory Committee to process at their next regularly scheduled meeting.

(5) Each member of the temporary medical staff shall:

- (a) ensure that care is provided to his or her patient/client/residents in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patient/client/residents by another member of the medical staff with the commensurate privileges when he or she is unable to attend patient/client/residents;
- (b) attend patient/client/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Board;
- (c) undertake such duties respecting patient/client/resident care as may be reasonably assigned by the Vice President, Medical Services, in circumstances where additional medical human resources are required;
- (d) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and  
\*(not necessary)
- (e) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(6) Temporary medical staff may refer any of their patient/client/residents to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(7) Members of the temporary medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.

## **22. Visiting Medical Staff**

(1) The visiting medical staff shall consist of those physicians who have been appointed to the visiting medical staff by the Chief Executive Officer in consultation with the Vice President, Medical Services.

(2) The Chief Executive Officer in consultation with the Vice President, Medical Services, may only appoint those physicians to the visiting medical staff category where:

- (a) the applicant has an active medical staff appointment with another regional health authority, health authority, hospital or other similar health care organization in Canada;
- (b) the applicant has demonstrated a need to access diagnostic imaging, laboratory, rehabilitation, health promotion and education, and home care

programs and services to serve the needs of his or her patient/client/residents residing within the health region; or

- (c) the applicant has established consultant clinics or performs itinerant services in any of the regional health authority facilities.

(3) The Chief Executive Officer in consultation with the Vice President, Medical Services, may grant privileges, as deemed appropriate, following consideration of the recommendation of the Local Medical Advisory Committee.

(4) Visiting medical staff shall:

- (a) ensure that care is provided to his or her patient/client/residents in regional health authority facilities, programs and services, and as required, ensure arrangements are in place for the ongoing care of his or her patient/client/residents by another member of the medical staff with the commensurate privileges when he or she is unable to attend patient/client/residents;
- (b) attend patient/client/residents and undertake treatment and operative procedures only in accordance with the privileges granted by the Chief Executive Officer in consultation with the Vice President, Medical Services;
- (c) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and
- (d) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(5) Visiting medical staff may refer any of their patient/client/residents to services and programs provided by the regional health authority consistent with any rules and regulations and policies and procedures established for the referral to those programs and services.

(6) Visiting medical staff shall have no voting rights and may not hold any office or be a voting member on any committee.

### **23. Resident Medical Staff**

(1) The resident medical staff shall consist of those physicians who have been appointed by the Chief Executive Officer in consultation with the Vice President, Medical Services, to the resident medical staff.

(2) The regional health authority may grant a physician an appointment to the resident medical staff with such privileges that are consistent with the faculty of medicine's learning objectives for the physician where the physician is under the supervision and direction of a recognized faculty of medicine.

(3) Resident staff shall:

- (a) attend patient/client/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer in consultation with the Vice President, Medical Services;
- (b) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and  
(not necessary)
- (c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(4) Resident staff may:

- (a) participate as voting members of an Education Committee, if any; and
- (b) attend meetings of the medical staff but shall have no voting rights and shall not hold any office or be a voting member on any committee other than the education committee, if any.

**24. Training Fellow Staff**

(1) The training fellow staff shall consist of those physicians who have been appointed by the Chief Executive Officer in consultation with the Vice President, Medical Services, to the training fellow staff.

(2) The regional health authority may grant a physician an appointment to the training fellow staff with such privileges that are consistent with the training fellow's approved training program, where the physician is:

- (a) participating in an approved training program recognized by the College of Physicians and Surgeons of Newfoundland and Labrador; and
- (b) working under the direct supervision of the academic medical department head, or a designated member of that department, who shall act as the training fellow's supervisor and be responsible for the training fellow's work.

(3) Training fellow staff shall:

- (a) attend patient/client/residents and undertake such medical and surgical treatments in accordance with the privileges granted by the Chief Executive Officer in consultation with the Vice President, Medical Services;
- (b) attend meetings of the medical staff as required by the rules and regulations and policies and procedures of the regional health authority; and

(c) abide by applicable legislation, bylaws, rules and regulations and policies and procedures.

(4) Training fellow staff may be members of any committee of the medical staff and vote at meetings of the medical staff or at any committee on which they hold membership.

\*(not appropriate)

## 25. Honorary Staff

The Honorary Medical Staff shall consist of physicians, dentists or non-medical scientists, who are not active in the facilities of the Eastern Health and who are honoured by emeritus position. These shall be physicians, dentists or non-medical scientists who have retired from active service and are of outstanding reputation.

The Honorary Medical Staff shall be appointed by the Chief Executive Officer on recommendation of the Regional Medical Advisory Committee after nomination by the appropriate Medical Staff Association. They shall have no assigned duties or responsibilities, they shall have no voting or admitting privileges and shall not hold office.

Members of the Honorary Medical Staff are appointed for life or until membership is withdrawn by the Chief Executive Officer. There shall be no appeal from a withdrawal of membership of the Honorary Medical Staff.

## 26. Consulting Staff

The Consulting Medical Staff shall consist of recognized specialists who have signified willingness to accept such an appointment. They shall have no voting privileges and shall not hold office. They are not required to attend meetings. They shall not have the right to admit patients.

Appointment to the Consulting Medical Staff shall follow the same procedures as appointment to the Active Medical Staff.

The duties of the members of the Consulting Medical Staff shall be to give their service on request of any member of the Medical Staff and also in any case in which consultation is required by the Rules and Regulations. A member of the Consulting Medical Staff shall be granted treatment privileges in conjunction with a member of the Active, or Associate Medical Staff.

## 27. Chiropractor Staff

The members of the Chiropractic category shall consist of individuals who are recognized, active members of the Newfoundland Association of Chiropractors.

These members shall apply for privileges and be appointed to the chiropractic category using the same procedure as an appointment to the Active and Associate medical staff.

The members of this category staff shall have privileges to requisition musculo-skeletal plain films within the Diagnostic Imaging Program as set out within the regulations of the Diagnostic Imaging Program, specifically for members in this category.

The members shall not have the right to vote, hold office or admit patients.

#### **28. Non-Medical Scientist Staff**

The category of Non-Medical Scientist shall be reserved for scientists who are doctoral graduates in science from an approved university, who have a position of recognized professional responsibility in the Eastern Health and whose training and knowledge are of comparable standing with those of a Doctor of Medicine. This category of staff shall not be entitled to admit patients.

Appointments to this category will be for an initial term of one year and then thereafter for terms of three years.

#### **29. Responsibilities of the Medical Staff**

(1) Collectively, the medical staff have a responsibility and accountability to the regional health authority to:

- (a) promote and provide a level of quality care in the regional health authority facilities, programs and services that is directed towards satisfying the needs of the patient/client/resident and meets the standards set out by recognized bodies of the profession, such as licensing bodies, national clinical societies and others where the essential components of quality include competence, accessibility, acceptability, effectiveness, appropriateness, efficiency, affordability and safety;
- (b) participate in appropriate quality improvement initiatives aimed at improving access to and quality of care provided within the health region;
- (c) promote appropriate use of evidence-based clinical practice; and
- (d) assist in fulfilling the mission of the regional health authority by contributing where reasonably possible to the strategic planning, community needs assessment, resource utilization management and quality management activities.

(2) Each member of the medical staff has a responsibility to the regional health authority to:

- (a) ensure a high professional and ethical standard of care is provided to patient/client/residents under his or her care;
- (b) practice within the limits of the privileges provided and his or her professional competency and skill;
- (c) meet the requirements for continuing medical education and continuing professional learning as established by their professional regulatory authority;
- (d) participate in such education and training initiatives as appropriate that support the regional health authority in providing quality health services;
- (e) recognize the authority of the department, program, or section/services head, Vice President, Medical Services, Chief Executive Officer and the Medical Advisory Committee;
- (f) abide by applicable legislation, bylaws, rules and regulations and policies and procedures;
- (g) participate in appropriate quality improvement initiatives;
- (h) work, cooperate with and relate to others in a collegial and professional manner;
- (i) conduct him or herself in a manner consistent with the regional health authority's mission, vision and values;
- (j) serve where required by these medical staff bylaws on various regional health authority and medical staff committees; and
- (k) utilize health care resources within regional health authority facilities and programs in a manner consistent with regional health authority policies and procedures and practices.

### 30. Leave of Absence

(1) A member of the medical staff may apply to the Vice President, Medical Services, for a leave of absence.

(2) The Vice President, Medical Services, may grant a leave of absence for a period not exceeding twelve months in any of the following circumstances:

- (a) the medical staff member has enrolled in an educational program approved by the Vice President, Medical Services;
- (b) maternity/family leave or disability/illness;

- (c) in any other circumstance which the Vice President, Medical Services, considers appropriate; or
  - (d) the medical staff member has a sabbatical leave granted by the Dean of Medicine.
- (3) Medical staff may apply for consecutive leaves of absence, which the Chief Executive Officer may approve if he or she considers it advisable.
- (4) If the member's reappointment comes due during the period of the member's leave of absence, the member shall apply for reappointment.
- (5) While on an approved leave of absence, members of the medical staff maintain their medical staff appointment to the category of medical staff to which they are appointed but:
- (a) are exempt from department, program and section/services duties, including the requirement to attend department and program and section meetings; and
  - (b) do not have any admitting, discharge or procedural privileges.
- (6) While on an approved leave of absence, members are required to maintain licensure with the College of Physicians and Surgeons of Newfoundland and Labrador and shall maintain professional liability insurance satisfactory to the regional health authority.
- (7) Prior to commencing the leave of absence, members must ensure arrangements are in place for the ongoing care of their patient/client/residents by another member of the medical staff and shall notify the Vice President, Medical Services, of the member of the medical staff who will be attending to their patient/client/residents in their absence.

## PART IV

### APPOINTMENT and REAPPOINTMENT - GENERAL

#### 31. Power to Appoint and Reappoint

(1) Except for a temporary appointment or the granting of temporary privileges, the chief executive office has the power to appoint and reappoint members to the medical staff and to grant privileges. In considering whether to make an appointment or reappointment to the medical staff, or to grant privileges, the Chief Executive Officer shall consider the recommendations of the Vice President, Medical Services, and the appropriate Local Area Medical Advisory Committee, however the Chief Executive Officer is not bound by those recommendations.

(2) Except in the circumstances mentioned in clause 2, a physician must hold an appointment to the medical staff in order: **\*(this section needs to be questioned)**

- (a) to hold any privilege under these bylaws;
- (b) to provide any service to an individual or patient/client/resident in a facility operated or program offered by the regional health authority; or
- (c) to refer any individual or patient/client/resident to any service provided by the regional health authority.

(3) Any member of the medical staff who resigned or otherwise caused or permitted termination from the medical staff, or whose medical staff membership has been terminated by the Chief Executive Officer and who subsequently wishes to become a member of the medical staff, is required to make application and follow the process for an initial appointment.

#### 32. Term of Appointment

Appointments shall be made by the Chief Executive Officer, after medical staff recommendation from the appropriate Local Area Medical Advisory Committee, and shall be for a term as designated by category but will continue in effect until the Chief Executive Officer has made appointments for the ensuing term.

Each appointment to the Medical Staff shall state the category of appointment, program assignments, and description of clinical responsibilities to each Program and Division to which the member is appointed, and shall confer on the appointee only such privileges as may hereinafter be defined. Category of appointment, program assignments, and clinical responsibilities shall not be amended without the agreement of the member and the responsible Program and Divisional/Departmental chiefs, but will be reviewed and may be revised at the time of the annual review of privileges or at the time of reappointment.

Members of the medical staff, except for those appointed in the category of temporary, shall normally be required to give three months notice prior to resignation.

## PART V

### INITIAL APPOINTMENT

#### 33. Initial Appointment Procedure

- (1) An application for initial appointment to the medical staff shall be processed in accordance with the provisions of the *Regional Health Authorities Act*, these bylaws, the rules and regulations and the policies and procedures of the regional health authority.
- (2) The Vice President, Medical Services, shall supply a copy of these bylaws to each physician who expresses an intention to apply for appointment to the medical staff.
- (3) An applicant for initial appointment to the medical staff shall submit an application in writing to the Vice President, Medical Services, in a form approved by the Vice President, Medical Services, together with all information required to be submitted by these bylaws. The Vice President, Medical Services, may also require the applicant to complete an Impact Analysis Questionnaire.
- (4) Each application must include:
  - (a) an indication of the category of medical staff appointment being sought and the privileges requested;
  - (b) an up-to-date curriculum vitae which shall include a chronological account of the applicant's education, training, academic qualifications, continuing education and continuing professional learning, the applicant's professional experience and memberships and positions held in professional organizations and committees;
  - (c) a statement detailing any completed proceedings in which there was a failure to obtain, or subsequent reduction in classification or voluntary or involuntary resignation, or termination or suspension of any professional licence or certification, fellowship, professional academic appointment or privileges at any other hospital, health authority or other health care organization;
  - (d) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practise;
  - (e) information regarding any pending adverse decisions or out-of-court settlements in any civil suit related to medical practice in which the applicant has been involved;

- (f) information regarding any physical or mental impairment or health condition known to the applicant that affects, or may affect the applicant's ability to exercise the necessary skill, ability and judgment to provide appropriate care;
- (g) evidence of a current licence or proof of eligibility to obtain a licence from the College of Physicians and Surgeons of Newfoundland and Labrador and, where applicable, the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, or current eligibility to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada;
- (h) evidence of membership in the Canadian Medical Protective Association, or equivalent professional liability insurance satisfactory to the regional health authority;
- (i) results of a current Criminal Records Check regarding the applicant and, if applicable, a notarized copy of the Police Clearance Certificate from the applicant's country of origin;
- (j) a signed consent authorizing a professional licensing body, hospital, or health authority or other health care organization in which the applicant provided services to disclose:
  - (i) a report on any action taken by a disciplinary committee, Medical Advisory Committee or other health care organization;
  - (ii) a recital and description of any pending or completed disciplinary actions by such professional licensing body, hospital, health authority or other health care organization, voluntary restriction of privileges, competency investigations, performance reviews, and details with respect to prior privileges disputes with other hospitals, health authorities or other health care organizations regarding appointment, reappointment, change of privileges, restriction or cancellation of privileges, or mid-term suspension or revocation of privileges; and
  - (iii) a letter of standing.
- (k) a direction authorizing the Vice President, Medical Services, to contact any previous hospitals, health authorities, or other health care organizations where the applicant has provided services with such direction to include the names and addresses of the following:
  - (i) the Chief Executive Officer and the Vice President, Medical Services, or a person exercising similar responsibilities of the most recent

hospital, health authority, or other health care organization where the applicant held privileges or received training;

- (ii) the service director or head of a training program, if the applicant was enrolled in a graduate training program within the past three years;
  - (iii) in the case of recent graduates within three years, the dean of medicine or program head of the last educational institution in which the applicant held an appointment or was trained; and
  - (iv) at least three referees who can attest to the character and medical competence of the applicant, based on first-hand knowledge of the applicant within the previous four years.
- (l) a signed authorization to any applicable hospital, health authority, regulatory body, or other health care organization to release and disclose personal information respecting the applicant on any matter required by this section;
- (m) any additional relevant information that the Vice President, Medical Services, department head, or medical advisory committee, in the course of the review of the applicant's application, deems necessary to make a determination regarding the application;
- (n) a statement by the applicant confirming that the applicant has read the medical staff bylaws;
- (o) an undertaking that, if appointed to the medical staff, the applicant will provide those services to the health region which have been agreed upon, will participate in the discharge of medical staff obligations applicable to the membership category to which the applicant is assigned and will act in accordance with applicable legislation, these bylaws, rules and regulations, or policies and procedures and such professional and ethical standards as established from time to time; and
- (p) a statement signed by the applicant declaring the truth of the information outlined in the application and supporting materials provided by the applicant, and acknowledging that the discovery of any untruth therein may result in the appointment not being granted or, where such occurs following the appointment being granted, the immediate revocation of the privileges and appointment granted.

(5) For a proper evaluation of the applicant's competence, character, ethics and other qualifications, the applicant has the burden of producing adequate information to address the requirements of this section. The applicant may produce any additional information in support of the application, should the applicant so desire, prior to consideration by the

Chief Executive Officer or the medical advisory committee's recommendation concerning the application.

(6) Until the applicant has provided all the information required by these bylaws or requested by the Vice President, Medical Services, the application for appointment will be deemed incomplete and will not be processed. If the information required by this section is not provided within sixty (60) days from the date of submission of the initial application, the application is deemed withdrawn.

### 34. Criteria for Appointment

(1) Each applicant seeking appointment to the medical staff is required to meet the following criteria:

- (a) the applicant is a member in good standing with the College of Physicians and Surgeons of Newfoundland and Labrador and is entitled to practise medicine pursuant to the *Medical Act, 2005*;
- (b) the applicant shall have education, training and experience appropriate to the privileges being sought; and
- (c) an applicant seeking to practise in a specialty must be licensed by the College of Physicians and Surgeons of Newfoundland and Labrador on the basis of the physician's training and experience in that specialty and may be required to:
- (d) possess the appropriate Certification or Fellowship of the Royal College of Physicians and Surgeons of Canada; or
- (e) be currently eligible to write the appropriate specialty examination of the Royal College of Physicians and Surgeons of Canada.

(2) The applicant will have demonstrated:

- (a) the ability to provide patient/client/resident care at an appropriate level of quality and efficiency;
- (b) the ability to work and cooperate with and relate to others in a collegial and professional manner;
- (c) the ability to communicate and relate appropriately with patient/client/residents and patient/client/residents' families;
- (d) the willingness to participate in the committee and other obligations appropriate to the membership category;
- (e) ethical character, performance and behaviour; and

- (f) evidence of medical practice protection coverage satisfactory to the regional health authority.
- (3) If applicable, the applicant shall hold an academic appointment with the School of Medicine, Memorial University or another recognized faculty of medicine.
- (4) All appointments to medical staff shall be:
  - (a) consistent with the need for service, as determined by the regional health authority, from time to time;
  - (b) consistent with the regional medical staff human resource plan of the regional health authority and the department;
  - (c) consistent with the strategic plan and mission of the regional health authority;
  - (d) supported by a demonstrated sufficiency of resources within the regional health authority and the department, program or section/services to which the applicant is applying; and
  - (e) in the best interest of the regional health authority.

### **35. Chief Executive Officer May Refuse to Appoint**

In accordance with these bylaws, the Chief Executive Officer may refuse to appoint any applicant to the medical staff if the applicant does not meet the qualifications, criteria or requirements set out in sections 33 and 34.

### **36. Process on Initial Appointment**

(1) Subject to subsection (2), upon receipt of a completed application for appointment, the Vice President, Medical Services, being of the initial opinion that the applicant meets the criteria set out in sections 33 and 34, shall forward the completed application and all supporting material to the appropriate clinical chief or department head for consideration and recommendation.

### **37. Review of Application for Appointment by Department, Program or Section/Services Head**

(1) In considering an application for appointment, the clinical chief or department head, program:

- (a) shall evaluate the applicant with regard to the criteria set out in section 34;
- (b) shall evaluate the information submitted or obtained from the applicant;

(c) may consult with the appropriate division chief or program director, if any; and

(d) may interview the applicant.

(2) Following consideration of the application, and the material and information referred to in subsection (1), the clinical chief or chair of the department, as appropriate, shall make a recommendation to the Credentials Committee respecting the application for initial appointment, that either:

(a) the application be accepted in accordance with the category of appointment sought and privileges requested;

(b) the application be accepted but the category of medical staff or privileges be modified from those requested by the applicant; or

(c) the application be refused.

### **38. Recommendation of Local Area Medical Advisory Committee**

(1) Having regard to the recommendations of the Credentials Committee, the Local Area Medical Advisory Committee shall make a recommendation to the Vice President, Medical Services, respecting the application for initial appointment, that either:

(a) the application be accepted in accordance with the category of appointment sought and privileges requested;

(b) the application be accepted but the category of medical staff or privileges be modified from those requested by the applicant; or

(c) the application be refused.

(2) If the Local Area Medical Advisory Committee recommends to the Vice President, Medical Services, that the application be granted in accordance with the category of appointment sought and privileges requested, the Vice President, Medical Services, shall then forward the recommendation of the Local Area Medical Advisory Committee to the Chief Executive Officer for consideration along with his or her comments.

(3) If the recommendation of the Local Area Medical Advisory Committee varies from the appointment sought or and privileges requested by the applicant, the Local Area Medical Advisory Committee shall prepare written reasons with respect to its recommendation.

**39. Decision of the Chief Executive Officer**

(1) Upon consideration of the application and all supporting information, the recommendations of the Local Area Medical Advisory Committee, including the reasons therefore, and the representations of the applicant, if any, the Chief Executive Officer may:

- (a) appoint the applicant to the medical staff and grant privileges to the category of appointment sought and privileges requested by the applicant;
- (b) appoint the applicant to the medical staff and grant privileges to the category and with the privileges considered appropriate by the Chief Executive Officer; or
- (c) refuse the application for appointment.

(2) If the Chief Executive Officer refuses to adopt the recommendation of the Local Area Medical Advisory Committee to accept the application for appointment to the medical staff and grant privileges to the category of appointment sought and privileges requested by the applicant, the applicant shall be advised in writing of the decisions and the reasons for the decision.

**40. Notification of Chief Executive Officer Decision**

(1) The Chief Executive Officer shall send a copy of his or her decision to the applicant within thirty (30) days after rendering the decision, and where the decision of the Chief Executive Officer varies from the request of the applicant, the Chief Executive Officer shall provide written reasons to the applicant.

## PART VI REAPPOINTMENT

**41. Application for Reappointment**

(1) On an annual basis, each member of the medical staff shall apply for reappointment to the medical staff. The member shall submit to the Vice President, Medical Services:

- (a) a completed application for reappointment on a form approved by the Vice President, Medical Services, and by no later than the date specified by the Vice President, Medical Services; and
- (b) the information set out in section \_\_ and such other information as may be requested by the Vice President, Medical Services. **\*(needs clarification)**

(2) An application for reappointment to the medical staff shall be processed in accordance with the provisions of these bylaws, the rules and regulations and the policies and procedures.

(3) Where a member applies for reappointment pursuant to this section, his or her appointment to the medical staff shall be deemed to continue until the application for reappointment is determined by the Chief Executive Officer in accordance with these bylaws.

#### **42. Information to be Submitted**

The member shall submit details of:

- (a) continuing medical education activities undertaken during the preceding year;
- (b) additional training or academic achievement during the preceding year;
- (c) administrative, teaching, research, scholarly work or special responsibilities assumed or continued during the preceding year;
- (d) evidence of current Canadian Medical Protective Association or other appropriate liability coverage satisfactory to the regional health authority;
- (e) any updated information respecting the matters outlined in section \_\_ in relation to the preceding year; and
- (f) the category of reappointment, the department, program or section/services to which the reappointment is requested and the privileges requested.

#### **43. Application Deemed Incomplete**

Notwithstanding subsection \_\_, until the member has provided all the information required to be submitted pursuant to these bylaws, the application for reappointment will be deemed incomplete and will not be processed. If the information required by this section is not provided within sixty (60) days from the date of submission of the application for reappointment, the application for reappointment is deemed withdrawn.

**\*(needs clarification)**

#### **44. Criteria for Reappointment to the Medical Staff**

A member shall be eligible for reappointment if the member:

- (a) continues to meet the criteria set out in subsections \_\_; and  
**\*(needs clarification)**
- (b) has demonstrated an appropriate use of regional health authority resources in a manner consistent with the policies and procedures of the respective department, program or section.

#### 45. Process on Reappointment

Upon receipt of the completed application for reappointment, the Vice President, Medical Services, being satisfied that the member meets the criteria set out in subsections \_\_, shall forward the completed application and all supporting material to the appropriate clinical chief for consideration and recommendation. **\*(needs clarification)**

#### 46. Review of Application for Reappointment by Clinical Chief

(1) In considering the application for reappointment the clinical chief shall assess the member's:

- (a) performance over the preceding year; and
- (b) utilization of regional health authority resources.

(2) The clinical chief, in considering the application for reappointment:

- (a) may interview the member; and
- (b) consult with the appropriate department head or division chief.

(3) If a member seeking reappointment will be seventy (70) years of age or older on the date that the member's existing appointment expires, the clinical chief or department head shall, in addition to the requirements set out in sections \_\_ and \_\_, conduct with the member the following **\*(needs clarification)**

- (a) a review of the member's performance and health during the preceding year;
- (b) a discussion of the member's plans for any changes in the privileges and/or category of appointment of the member and/or changes in the type or level of service to be provided by the member;
- (c) a discussion of the member's plans to reduce his or her type or level of service and/or relinquish his or her privileges and/or appointment; and

(d) a discussion of any other matter listed in subsections \_\_.

**\*(needs clarification)**

(4) Following consideration of the application for reappointment and all materials and information submitted by the member, the clinical chief or department head shall make a recommendation to the Credentials Committee respecting the application for reappointment, that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;

- (b) the application for reappointment be accepted but the category of medical staff or privileges be modified from those requested by the member; or
- (c) the application for reappointment be refused.

(5) If the Credentials Committee recommends to the Local Area Medical Advisory Committee that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the Vice President, Medical Services, shall forward the recommendation of the Credentials Committee to the Local Area Medical Advisory Committee for its consideration at its next regular meeting.

(6) If the recommendation of the Credentials Committee varies from the reappointment sought or privileges requested by the member, the Credentials Committee shall prepare written reasons with respect to its recommendation.

#### **47. Notification of Local Area Medical Advisory Committee Meeting**

(1) Subject to subsection (2), the Vice President, Medical Services, shall ensure the member receives a written notification at least fourteen (14) days before the hearing of the Local Medical Advisory Committee at which the member's application for reappointment and recommendation of the Credentials Committee will be considered, and which notice shall:

- (a) include a copy of the recommendation together with written reasons for the recommendation of the Credentials Committee made pursuant to Appendix A of these By-laws.

#### **48. Recommendation of Local Area Medical Advisory Committee**

(1) Upon consideration of the application for reappointment, the recommendations of the department, program or section/services head, including the reasons therefore, the Local Area Medical Advisory Committee shall make a recommendation to the Vice President, Medical Services, respecting the application for reappointment, that either:

- (a) the application for reappointment be accepted to the category of appointment sought and privileges requested;
- (b) the application for reappointment be accepted but the category of medical staff or privileges be modified from those requested by the member; or
- (c) the application for reappointment be refused.

(2) If the Local Area Medical Advisory Committee recommends to the Vice President, Medical Services, that the application for reappointment be granted in accordance with the category of appointment sought and privileges requested, the Vice President, Medical

Services, shall forward the recommendation of the Local Area Medical Advisory Committee to the Chief Executive Officer.

(3) If the recommendation of the Local Area Medical Advisory Committee varies from the reappointment sought or privileges requested by the member, the Local Area Medical Advisory Committee shall prepare written reasons with respect to its recommendation.

#### **49. Chief Executive Officer Decision**

(1) Upon consideration of the application for reappointment and all supporting information, the recommendations of the Vice President, Medical Services, and the Local Area Medical Advisory Committee, including the reasons therefore if made pursuant to subsection 48, the Chief Executive Officer shall:

- (a) reappoint the member to the medical staff and grant the privileges to the category of appointment sought and privileges requested by the member;
- (b) reappoint the member to the medical staff and grant the privileges to the category and with the privileges considered appropriate by the Chief Executive Officer; or
- (c) refuse the application for reappointment.

#### **50. Service of Chief Executive Officer Decision**

(1) The Chief Executive Officer shall ensure that the member receives a copy of his or her decision within thirty (30) days after rendering the decision, and where the decision of the Chief Executive Officer varies from the request of the member, the Chief Executive Officer shall provide written reasons to the member.

### **PART VII**

#### **CHANGE OF CATEGORY OR PRIVILEGES**

##### **MID-TERM REQUEST FOR CHANGE OF CATEGORY OR PRIVILEGES**

#### **51. Mid-term Request for Change of Category or Privileges**

A member of the medical staff may request a change of medical staff category or privileges during the term of the member's appointment by written application to the Vice President, Medical Services. The process outlined in Part VI shall apply, with necessary modification, to a mid-term request.

## PART VIII

### OFFICERS AND COMMITTEES

#### 52. Elected Officers: Executive Committee

Each of St. John's, Avalon, Burin Peninsula and Clarenville / Bonavista shall have Local Area Medical Staff Associations. The elected officers of the Medical Staff Association shall be the President, Vice-President, Secretary-Treasurer and others as decided by the Medical Staff Association who shall constitute the executive of the Medical Staff Associations. They shall be elected by the Active, Associate, Limited and Assistant Medical Staff at the annual meeting. The President and Vice President of the Medical Staff Association shall sit on the appropriate Local Area Medical Advisory Committee. The elected officers shall be responsible for the collection, use and disbursement of Medical Staff funds as directed by the Medical Staff.

##### The President

The President shall be responsible for calling and presiding at the Medical Staff Association meetings and shall be a member, ex-officio, of all Standing Medical Staff committees. He or she shall be a member of and represent the Medical Staff at meetings of the Credentials Committee. In the case of disciplinary action taken with respect to an individual Medical Staff member, it shall be the duty of the President to apprise the member of all proper avenues of appeal.

##### The Vice-President

The Vice-President, in the absence of the President, shall be empowered to assume all of the President's duties and have all of his or her authority. He or she shall be expected to perform such other duties as may be assigned by the President.

##### The Secretary-Treasurer

The Secretary-Treasurer shall be responsible for keeping accurate and complete minutes of all Medical Staff meetings, calling meetings on order of the President, attending to all correspondence and performing such other duties as ordinarily pertain to that office. He or she shall be accountable for all Medical Staff funds and will be responsible for the preparation and presentation to Medical Staff of a yearly audit of such funds.

##### Appointed Officers

The appointed officers of the Medical Staff shall be the Chairperson of the Regional Medical Advisory Committee, Chairperson of the Local Area Medical Advisory Committees, Vice-Chairperson of the Regional Medical Advisory Committee, Clinical Chiefs of the Programs, and Divisional/Departmental Chiefs.

### 53. Meetings

#### Annual Meeting

The annual meeting of each Local Area Medical Staff shall be held in June and the President shall present his or her annual report including the financial statement of the Medical Staff Association. The election of officers shall take place. Voting, if necessary, shall be by ballot by the Active, Associate, Limited and Assistant Medical Staff.

#### Regular Meetings

Regular meetings of the Medical Staff shall be held at least quarterly. These quarterly meetings shall not release Medical Staff members from their obligations to attend the regular meetings of the Program. In addition to matters of organization, the Agenda of these meetings must include a report of the Local Area Medical Advisory Committee and Regional Medical Advisory Committee.

#### Special Meetings

Special meetings of the Medical Staff may be called at any time by the President, and shall be called at the written request of the Local Area Medical Advisory Committee, the Executive Committee or any five members of the Active Medical Staff. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting. Notice of any meeting shall be mailed at least eight days before the time set for the meeting with the exception that special meetings called in relation to the election of officers shall require a minimum of ten days' notice.

The requirements for attendance, quorum, power to excuse absence, the agenda-setting process and other matters relating to these Local Area Medical Staff Associations are set out in Appendix D.

### 54. Discipline

- (1) For the purpose of these bylaws, discipline is considered an action taken against a medical staff member that affects the member status, category, membership or privileges;
- (2) All other matters will be dealt with within the program. The Vice President of Medical Services may assist with dispute resolution within a Program;
- (3) The appointed officers of the Medical Staff shall, by virtue of their responsibilities outlined in the preceding sections, have authority to immediately suspend the privileges of any member of the Medical Staff under their authority when, in the judgement of the

appointed officer, the Medical Staff member is either incapable or unfit to carry on his or her practice or duties;

(4) Activities and behaviour that have led or may lead to discipline, should be discussed between the relevant clinical chief(s) and the Vice President, Medical Services or the Chairperson of the appropriate Local Area Medical Advisory Committee and the Vice President, Medical Services;

(5) The content and results of these discussions, whether leading to discipline or not, should be immediately communicated in writing to the medical staff member whose activities or behaviour prompted these discussions;

(6) If discipline is instituted against a member of the medical staff, the matter must be reported in detail by the Vice President, Medical Services, to the Chief Executive Officer or designate within 24 hours (excluding Saturdays, Sundays or Statutory Holidays);

(7) If the member of medical staff has indicated his/her dissatisfaction with the discipline, the Chief Executive Officer or designate will convene a meeting. This meeting should be attended by the member of the medical staff involved in the discipline or his/her designate; the clinical chief of the relevant program or the Chairperson of the appropriate Medical Advisory Committee; the President of Local Area Medical Staff or the Vice President of the Local Area Medical Staff.

This meeting should be arranged within two days of the Chief Executive Officer or designate receiving notification;

(8) The member of the medical staff involved has the right to representation at this meeting and should also be apprised of the relevant bylaws by the President of the Local Area Medical Staff;

(9) The member of the medical staff involved has the right to review all written evidence that may be presented at this meeting. He/she shall also be informed of any person who will be called to attend this ad hoc meeting to present verbal evidence and have the right to question these individuals himself/herself or through a representative;

(10) The personnel outlined in (7) will review all circumstances and evidence leading to the disputed discipline;

(11) The personnel outlined in (7) excluding the member of medical staff involved will make a recommendation to the Chief Executive Officer or designate either upholding or rescinding the discipline. The Chief Executive Officer or designate shall communicate the decision with the reasoning and explanation to the member involved in writing within two days of the meeting;

(12) If appropriate the decision of the meeting should be communicated to the Registrar of the College of Physicians and Surgeons of Newfoundland and Labrador, Newfoundland Dental Board, Newfoundland Chiropractor Board;

(13) The member of the medical staff has the right to appeal the discipline through the appeal mechanism as outlined in Section 55.

(14) The discipline instituted in (6) above should remain in place during the investigation as outlined in (7) through (11).

## PART XI AMENDMENTS

### 55. Amendments

(1) Amendments to these bylaws may be proposed by:

(a) the Medical Advisory Committee by a two-thirds majority of those present and entitled to vote at a meeting of the Medical Advisory Committee, provided a notice of motion in writing has been given at least thirty (30) days prior to the meeting and distributed to the voting members; or

(b) two-thirds majority of the medical staff present and entitled to vote at a meeting of the medical staff provided a notice of motion in writing has been given at least thirty (30) days prior to the meeting and distributed to the voting members; or

(c) the Vice President, Medical Services, or

(d) the Chief Executive Officer.

(3) An amendment proposed pursuant subsection (1) (a) or (b) shall be presented to the Chief Executive Officer for consideration.

(4) The Chief Executive Officer shall approve, amend or reject any amendment(s) presented for his or her consideration.

## PART XII ADOPTION AND APPROVAL

### 56. Adoption of Bylaw

These Medical Staff Bylaws of the Eastern Regional Integrated Health Authority are adopted and shall replace any medical staff bylaw previously enacted by the regional health authority or its predecessor.



**57. Transitional Provisions Required**

(1) The replacement of a medical staff bylaw does not:

- (a) affect the previous operation of the replaced bylaw or anything done or permitted pursuant to it;
- (b) affect a right or obligation acquired pursuant to the replaced bylaw;

prevent or affect any investigation or disciplinary proceedings, and any investigation or proceeding may be continued and enforced and any penalty or sanction imposed as if the bylaw had not been replaced.

**58. Approval**

ADOPTED by the Eastern Regional Integrated Health Authority the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
George Tilley  
Chief Executive Officer

